

SOME FACTS ABOUT "TAR" AND NICOTINE

SUMMARY

1. Since the 1950's the Federal Trade Commission has taken the position that "tar" and nicotine have not been proved to have health significance and reference to "tar" and nicotine in advertising would mislead the public by inferring that lower "tar" and nicotine cigarettes were "safer" when there is no scientific proof that this is so.
2. In 1964, the Report of the Surgeon General's Advisory Committee reached the same conclusion that "tar" and nicotine in cigarette smoke had not been proved to have health significance.
3. In the 1965 Congressional Hearings on cigarette labeling bills, the Federal Trade Commission, Public Health Service and the Departments of Commerce and Agriculture took the same position that "tar" and nicotine in cigarette smoke had not been proved to have health significance.
4. In 1966, the Federal Trade Commission and Public Health Service arbitrarily reversed their previous position and now favor mandatory labeling of "tar" and nicotine.
5. No scientific proof justified the reversal of position and such mandatory labeling would still mislead the public by implying health significance when there may or may not be any.
6. Continued scientific research is needed to learn the facts about smoking and health rather than premature action born of frustration which may well mislead the public.

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From the 1950's until last year, the Federal Trade Commission took the firm position that all representations "of low or reduced 'tar' or nicotine" in cigarette advertising were misleading "health claims." The Commission felt that since "tar" and nicotine had not been proved to be significant in terms of health, representations in advertising in regard thereto would mislead the public into believing that lower "tar" or nicotine meant a "safer" cigarette. The Commission insisted that cigarette manufacturers make no reference to "tar" or nicotine in their advertising.

In 1964, the Report of the Surgeon General's Advisory Committee concurred in the long-held view of the Federal Trade Commission that "tar" and nicotine content of cigarette smoke had not been proved to have health significance.

In 1964 and 1965, bills were introduced in both the House and Senate which would have required the labeling of "tar" and nicotine content on cigarette packages and in advertising. Neither the Federal Trade Commission nor the Public Health Service supported such labeling.

After hearing extensive testimony, Congress concluded in 1965 that mandatory labeling of "tar" and nicotine content

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on cigarette packages should not be required. That conclusion recognized that any mandatory statement of "tar" and nicotine content would be misleading, just as the Federal Trade Commission had contended for many years. That same position was presented to Congress by the Federal Trade Commission, the Public Health Service and by the Departments of Commerce and Agriculture. It was and is the only scientifically justifiable position. To this date, there has been no scientific proof to justify any change in it.

As the Surgeon General told Congress in 1965:

"While it seems at least plausible that cigarettes with lower tar and nicotine may present lesser health hazards, there is presently no proof that this is so."

There is still "no proof that this is so".

Indeed, there still is no proof establishing that cigarette smoking causes any human disease. Even the Surgeon General's Advisory Committee concluded that there was not sufficient proof to establish that smoking causes any cardiovascular diseases, emphysema, or indeed, any other diseases with which it may be statistically associated with but three exceptions: lung cancer, laryngeal cancer and chronic bronchitis. But many eminent doctors and scientists demonstrated to Congress that the scientific evidence does not establish that smoking causes these three diseases.

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Thus, the 1965 Hearings demonstrated the continuing scientific controversy as to whether cigarette smoking causes disease. Those hearings also demonstrated that there was general agreement that neither the existence nor the amount of nicotine, "tar" or any ingredient claimed to be in cigarette smoke had been proved significant to human health:

(i) As to nicotine, there was full acceptance at the Hearings of the Surgeon General's Advisory Committee finding that nicotine "probably does not represent an important health hazard." There was also full acceptance of the Surgeon General's testimony that "there is presently no proof" that the amount of nicotine in cigarette smoke is significant to health.

(ii) As to "tar"*, there was full acceptance at the Hearings of the Surgeon General's Advisory Committee finding that experimental results presented a "puzzling anomaly" and that the problem for exploration remained "gigantic". There was also full acceptance of the Surgeon General's testimony that "there is presently no proof" that the amount of "tar" in cigarette smoke is significant to health.

*There is, of course, no "tar" as such in cigarette smoke. The term "tar" refers to various condensates collected by laboratory methods.

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(iii) No specific ingredient or group of ingredients in cigarette smoke was identified at the hearings as responsible for causing any human disease.

Thus, the 1965 Hearings demonstrated that there was no valid evidence that "tar", or nicotine, or any ingredient or group of ingredients in cigarette smoke is responsible for any human illness. Even those contending that smoking is harmful were wholly unable to single out "tar" or nicotine or any particular ingredient or group of ingredients as responsible for any human disease.

There has still been no scientific proof, nor even any additional evidence of substance that "tar" or nicotine in cigarette smoke have any health significance. Yet, in 1966, both the Federal Trade Commission and the Public Health Service arbitrarily reversed their previously consistent position. The Commission suddenly announced that "tar" and nicotine labeling would no longer be considered a misleading health claim but would be permissible. The only reason stated was that the information "may be material and desired by the consuming public". Later, the Commission could only refer for support to a batch of opinion letters, written by the same people and repeating the same unfounded viewpoint that had been rejected by Congress and the Commission itself in 1965.

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The Public Health Service has not been able to support the Commission's new and arbitrary position with anything more than an unsupported opinion. No new evidence has come from the Public Health Service to justify its changed opinion.

Inadequate data and unsupported opinions do not demonstrate health significance. To this date, no health significance has been demonstrated to justify mandatory "tar" and nicotine labeling of cigarette packages. Unless and until health significance is established, any such labeling is necessarily misleading, just as Chairman of the Federal Trade Commission told Congress in 1965.

Since there is no proof that "tar" or nicotine from cigarette smoke are significant at all, obviously there is no way of knowing what amount of each might be important, much less whether the minute variations in amounts that would be shown on labels could be significant. Differences of 1/10 of a milligram, or one milligram or even of a few milligrams -- (one milligram amounting to only 1/28,000 of an ounce) -- would probably in fact be totally insignificant. Yet, if labeling were required by law, any such differences would no doubt be considered by the public to be important, and the public would thus be misled.

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The existing warning of potential hazard on cigarette packages does not make mandatory "tar" and nicotine labeling any less misleading. The very reason for the proposed mandatory labeling of "tar" and nicotine is to encourage reduction of both, thereby purportedly making the cigarette "safer". Thus, the smoker, although reminded by the warning label that the cigarette may not be absolutely safe, may well conclude that it is substantially "safer". He may thereby be lulled into a false sense of safety. And thus he would be misled, because there is no scientific proof that reduction of any ingredient or ingredients makes cigarettes "safer".

Scientists throughout the world are continuing to investigate to learn the full facts about tobacco and health, including those relating to "tar", nicotine and specific ingredients of cigarette smoke. The tobacco industry is supporting much of this research and will continue to do so. Attention should not now be directed to action which would be taken without scientific justification and therefore probably a disservice to the public. Attention should instead be directed to pursuing the gigantic areas for research still to be explored.

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